SPE RE	SPONSE FOR CERTIFICATE OF CORRECTION
DATE :	-10-05 Paper No.:
TO SPE OF : ART UNIT	161
SUBJECT : Request for Certifi	icate of Correction on Patent No.: 6944630
A response is requested with res	pect to the accompanying request for a certificate of correction.
Please complete this form and	return with file, within 7 days to:
Palm location 7580, Certificat	es of Correction Branch – South Tower – 9A22
If response is for an IFW, retu MADRAS.	rn to employee (named below) via PUBSCofC Team in
With respect to the change(s) requesters read as shown in the certification should the scope or meaning of the control of the	quested, correcting Office and/or Applicant's errors, <u>should the</u> <u>icate of correction (COCIN)</u> ? No new matter should be introduced, nor laims be changed.
	ROCHAUN JOHNSON
Thank You For Your Assistance	Certificates of Correction Branch
<u> </u>	Tel. No. 703-308-9390 EXT 119
The request for issuing the a Note your decision on the appropriate box. Approved	bove-identified correction(s) is hereby: All changes apply.
Note your decision on the appropriate box.	All changes apply
Note your decision on the appropriate box. Approved	All changes apply
Note your decision on the appropriate box. Approved Approved in Part Denied	All changes apply. Specify below which changes do not apply.
□ Approved □ Approved □ Approved in Part □ Denied	All changes apply. Specify below which changes do not apply. State the reasons for denial below.
□ Approved □ Approved □ Approved in Part □ Denied	All changes apply. Specify below which changes do not apply. State the reasons for denial below.
Note your decision on the appropriate box. Approved Approved in Part Denied	All changes apply. Specify below which changes do not apply. State the reasons for denial below. BEST AVAILABLE COF
Note your decision on the appropriate box. Approved Approved in Part	All changes apply. Specify below which changes do not apply. State the reasons for denial below.